



Department of Health & Human Services

## **Milwaukee County**

Emergency Medical Services

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### **From the offices of Milwaukee County Emergency Medical Services (MC EMS)**

To date there have only been two confirmed cases of Ebola Virus Disease (EVD) acquired in the United States. MC EMS is preparing for the possibility of a patient with Ebola presenting in our area. EMS Field Recommendation guide has been developed through discussions, cooperation and collaboration among the medical and EMS leadership in our region. Leaders from Milwaukee County EMS (MC EMS) have been and will continue to meet and collaborate on recommended actions for EMS agencies in our area to mitigate a possible responder exposure to Ebola.

The leadership group recognizes that the EVD outbreak is a fluid situation and acknowledges that the guidance we provide will need to be continuously re-evaluated and updated if new or different information becomes available about the virus or from the CDC. In addition, MC EMS recognizes that EMS agencies, fire based or private providers, will need flexibility to alter these recommendations to meet EMS agency needs. Please check the "Ebola Virus Information" page on the Milwaukee County EMS web site at <http://county.milwaukee.gov/EMS> for the latest MC EMS recommendations and Ebola and reference materials.

➤ *Information in this document is based on current knowledge, science and recommendations from the CDC as of 10/21/2014.*

### **Facts about Ebola:**

- Ebola is only contagious if the patient is showing symptoms.
- Ebola is only spread through direct contact with bodily fluids – blood, sweat, saliva, urine, feces, vomit, semen, etc.
- The incubation period for symptoms / contagiousness in a patient with a true exposure is usually 8-10 days after exposure, but can range from 2 – 21 days.
- Only patients who have come into direct contact with Ebola patients or bats/primates from West Africa, or have been in West Africa (Guinea, Sierra Leone, Liberia) in the previous 21 days prior to symptoms are potential patients

## **Symptoms of Ebola:**

1. Fever over 100.4)
2. Headache
3. Myalgias / Muscle Aches / Body Aches
4. Abdominal Pain
5. Nausea / Vomiting
6. Diarrhea
7. Unexplained bleeding or bruising

## **What is the time frame of exposure that would make a patient a potential Ebola case?**

According to the CDC and state and local public health experts, the incubation period can be up to 21 days. In order to mitigate possible miscalculations of time of exposure, all responders in our region will consider any person with symptoms who has been in West Africa in the **past 21 days** as a potential Ebola patient

## **PSAP Screening:**

All PSAP dispatchers should ask all callers with any medical complaint the following questions:

- a. “Do you or anyone at the scene have any of the following symptoms:”
  - Fever
  - Headache
  - Nausea / Vomiting
  - Diarrhea
  - Abdominal pain
  - Unexplained bleeding or bruising
- b. If “yes” to any of the symptoms, have dispatcher ask travel or exposure history:
  - “Has patient traveled to western Africa in the past 21 days”
  - “Has the patient had direct contact with a person known to have Ebola”
  - “Has the patient had direct contact with a Person Under Investigation (PUI) by local, state or federal health authorities?”
- c. If “yes” to any one item in both **A and B**, the PSAP should send the minimum amount of resources to necessary to manage the complaint AND notify the responding units of a potential Code Infection Alert: Ebola or similar identifying language.
- d. PSAP should notify EMSCOM that a MCEMS unit is responding to a Code Infection Alert: Ebola response by calling 414.805.4343.

- e. EMS agency may elect to include additional processes directing the EMS crew to make phone contact with the caller to provide telephone screening in attempts to increase containment prior to providing medical care.
- f. Responding units should don all appropriate PPE prior to patient contact (see below)

### **On Scene of a PSAP Screened Code Infection Alert Ebola:**

- a. Ensure appropriate PPE is donned before entry utilizing the minimum number of EMS providers necessary to ensure safety: fluid impermeable suit that includes a hood, neck protection and boot protection; eye protection/shield; gloves, N-95 or powered air purifying respirator (PAPR).
- b. Identify and isolate patient as able. Unless the patient is at risk for aspiration or unable to tolerate it, place a surgical mask on the patient as soon as possible. Consider other efforts to minimize exposure to the patient's body fluids (yellow blanket wrap, or full body suit).
- c. Ideally, one crew member should document name, DOB and telephone numbers of all persons on the scene for public health investigators. EMS crew should contact local public health department.
- d. **Limit all invasive interventions** (ex, IV/IO fluids or medications, nebulized medications, etc.) unless absolutely necessary for critical resuscitation. Oral ondansetron (Zofran) may be acceptable; have patient self-administer to avoid mucous contact exposure to provider.
- e. Perform any resuscitation related procedures in a controlled environment (non-moving ambulance). Consider using a non-visualized airway (King) to manage ventilation instead of standard endotracheal intubation.
- f. Medical Consultation will be requested through EMSCOM on all Code Infection Alert: Ebola patients and provided by a MCEMS Medical Director.
- g. If field resuscitation is unsuccessful or not attempted because of obvious death, the Milwaukee County Medical Examiner must be contacted per routine policy. Advise the Medical Examiner of the potential for EVD.
- h. If patient refuses transport to a hospital notify local public health department and EMSCOM. (805-4343)
- i. If EMS provider is not transporting a patient or if PPE becomes compromised, follow appropriate doffing and departmental decontamination processes.
- j. Ensure your chain of command is informed of the situation.

### **On Scene of a PROVIDER Screened Code Infection Alert Ebola:**

All providers should ask all patients with any medical complaint the following questions:

- a. "Do you or anyone at the scene have any of the following symptoms:"
  - ✓ Fever
  - ✓ Headache
  - ✓ Nausea / Vomiting
  - ✓ Diarrhea
  - ✓ Abdominal pain
  - ✓ Unexplained bleeding or bruising

- b. If “yes” to any of the symptoms, EMS provider should ask travel or exposure history:
  - i. “Has patient traveled to western Africa in the past 21 days”
  - ii. “Has the patient had direct contact with a person known to have Ebola”
  - iii. “Has the patient had direct contact with a Person Under Investigation (PUI) by local, state or federal health authorities?”
- c. If “yes” to any one item in both **A and B**, extract yourself from the scene, immediately decontaminate yourself and notify your PSAP of a Code Infection Alert: Ebola or similar identifying language.
- d. PSAP should notify EMSCOM that a MCEMS unit has encountered a Code Infection Alert” Ebola situation by calling 414.805.4343.
- e. Ensure appropriate PPE is donned before entry utilizing the minimum number or EMS providers necessary to ensure safety: fluid impermeable suit that includes a hood, neck protection and boot protection; eye protection/shield; gloves, N-95 or powered air purifying respirator (PAPR).
- f. Identify and isolate patient as able. Unless the patient is at risk for aspiration or unable to tolerate it, place a surgical mask on the patient as soon as possible. Consider other efforts to minimize exposure to the patient’s body fluids (yellow blanket wrap, or full body suit).
- g. Ideally, one crew member should document name, DOB and telephone numbers of all persons on the scene for public health investigators. EMS crew should contact local public health department.
- h. **Limit all invasive interventions** (ex, IV/IO fluids or medications, nebulized medications, etc.) unless absolutely necessary for critical resuscitation. Oral Ondansetron (Zofran) may be acceptable; have patient self-administer to avoid mucous contact exposure to provider.
- i. Perform any resuscitation related procedures in a controlled environment (non-moving ambulance).
- j. Medical Consultation will be requested through EMSCOM on all Code Infection Alert: Ebola patients and provided by a MCEMS Medical Director.
- k. If field resuscitation is unsuccessful or not attempted because of obvious death, the Milwaukee County Medical Examiner must be contacted per routine policy. Advise the ME of the potential for EVD.
- l. If patient refuses transport to a hospital notify local public health department and EMSCOM.
- m. If EMS provider is not transporting a patient or if PPE becomes compromised, follow appropriate doffing and departmental decontamination processes.
- n. Ensure your chain of command is informed of the situation.

## **Transport Issues**

- a. Transport any stable suspected Ebola patient to the closest most appropriate hospital.
- b. If the patient requests to be transported to any Wheaton Franciscan Healthcare system hospital; (St. Joseph's Milwaukee, Wheaton-Franklin, Elmbrook Memorial, All Saints-Racine, Wisconsin Heart Hospital), per Wheaton Healthcare, these patients should be transported to St. Joseph's Milwaukee.
- c. Notify the MC EMS Communication Center as soon as possible (ideally while on scene) about the transport of a possible Ebola patient; EMS agency should declare **"Code Infection Alert- Ebola."** MC EMS Communication Center will send a "Code Infection-Ebola" to the receiving hospital.
- d. Notify EMSCOM on arrival and stage in the ambulance bay until ED hospital staff greets you at the ambulance.
- e. Upon arrival, EMS unit should notify MC EMS Communication Center that they have arrived at the receiving hospital wait to off load the patient until the emergency department comes out to accept the patient. MC EMS Communication Center will notify the receiving hospital staff of the arrival of the EMS unit.

## **Arrival at the Hospital**

- a. Stage in ambulance and await for ED staff arrival to direct patient movement.
- b. EMS crew should remove the patient from the ambulance, present EMS verbal report to the hospital staff and "hand off" the patient to the hospital staff who will transport the patient into the hospital unless medically necessary for the EMS crew to enter the hospital.

## **After the Call**

- a. EMS personnel should coordinate with their EMS officer and hospital personnel for the appropriate location to doff PPE and shower/change if needed.
- b. Make sure to place all disposable medical equipment, linens, and PPE in double-bagged red biohazard bags and leave with the receiving hospital in the location identified.
- c. Follow your department's process for decontamination of equipment and vehicle. CDC recommends use of an EPA-registered hospital disinfectant with a label claim for one of the non-enveloped viruses.
- d. Ensure your chain of command is notified as well as your local public health department.